MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) SERIAL NO. FILING DATE

APPLICANT(S)

		1701101	JD #1111	FURM	10-0707	
	AS F	::LED	AF	TER	AF 2nd AME	TER
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4		Ц_				
5				ļ		
6		Ц	<u> </u>	ļ		
7			ļ			
8			<u> </u>	ļ		·
9			 			
10					 	
11 12						
13		+		-	+	
14 15						
16		+				
17						
18	$\neg \uparrow$					
19						
20						
21						
22						$\neg \neg$
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35				<u> </u>		
36						
37						
38						
39 40						
41		$\overline{}$				
42		-+	<u>-</u> -			
43						
44 "	- 	-	;			
45				$\overline{}$		
40	.	, ,		Q.		
47.			<u> </u>			-
48		•	. 4			\neg
49			#	7 4		-
50			• • •			
OTAL ND.	27		,			
OTAL DEP.	 -	} ┞	- ,	ا∘ك		ا لح
	19	· ·		• •		
CLAIMS PTO-1360 (10					

*MAY BE USED FOR ADDITIONAL CLAIMS OF AMENDMENT US DEPARTMENT OF COMMERCE